

08-18-05  
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

AUG 17 2005

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24239 7590 05/19/2005

MOORE & VAN ALLEN PLLC  
P.O. BOX 13706  
Research Triangle Park, NC 27709  
08/19/2005 MBELETE2 00000020 10707765

01 FC:2501 700.00 OP  
02 FC:1504 300.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/707,765      | 01/09/2004  | Ronald Olin Simpson  | 014070-000006       | 1764             |

TITLE OF INVENTION: FLIGHT LUG

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

|                |     |       |       |        |            |
|----------------|-----|-------|-------|--------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 08/19/2005 |
|----------------|-----|-------|-------|--------|------------|

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
|----------|----------|----------------|

|                  |      |            |
|------------------|------|------------|
| SHARMA, RASHMI K | 3651 | 198-461100 |
|------------------|------|------------|

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Moore &amp; Van Allen PLLC

2 Michael G. Johnston

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Roberts Polypro

Charlotte, NC

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

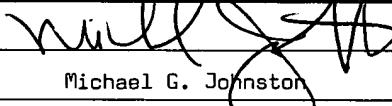
Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-4365 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

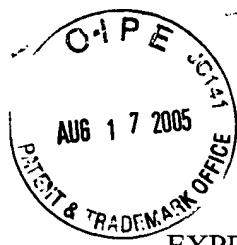
Date 8-17-05

Typed or printed name Michael G. Johnston

Registration No. 38,194

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Attorney Docket: 014070-000006

## EXPRESS MAIL CERTIFICATE

EXPRESS MAIL LABEL NUMBER: EV 638969087 US

Date of Deposit: Aug. 17, 2005

First Named Inventor: Ronald Olin Simpson

For: FLIGHT LUG

I hereby certify that the following documents:

1. Transmittal of Issue Fee Payment;
2. Part B – Fee(s) Transmittal;
3. Check in the amount of \$1,000.00;
4. Express Mail Certificate; and
5. Acknowledgement Postcard.

are being deposited in a single envelope with the United States Postal Services “Express Mail” service under 37 C.F.R. 1.10 on the date indicated above and such envelope is addressed to:  
Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TIM KROLL

(Name of Person Mailing Documents)

JKL

(Signature of Person Mailing Documents)



Attorney Docket No.: 014070-000006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ronald Olin Simpson

Serial No.: 10/707,765

Filed: January 9, 2004

For: FLIGHT LUG

Mail Stop: Issue Fee  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 CFR 1.311)**

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85B.
2. Fee (37 CFR 1.18(a) and (b)):

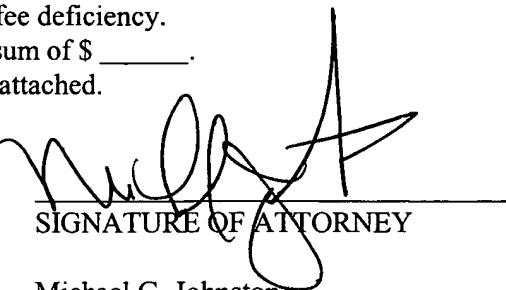
|  |  |                                   |
|--|--|-----------------------------------|
| Application status is:   | <u>Regular</u>                               | <u>Design</u>                     |
| <input type="checkbox"/> small business entity--fee                | <input type="checkbox"/> \$650.00            | <input type="checkbox"/> \$235.00 |
| <input type="checkbox"/> verified statement attached               |  |                                   |
| <input type="checkbox"/> verified statement filed on _____         |  |                                   |
| <input checked="" type="checkbox"/> other than a small entity--fee | <input checked="" type="checkbox"/> \$700.00 | <input type="checkbox"/> \$350.00 |
| <input type="checkbox"/> two (2) copies of issued patent           | <input type="checkbox"/> \$6.00              |                                   |
| <input checked="" type="checkbox"/> publication fee                | <input checked="" type="checkbox"/> \$300.00 |                                   |

3. Payment of fee:  
 Enclosed please find check(s) for \$ 1,000.00.  
 Charge Account 13-4365 for any fee deficiency.  
 Charge Account \_\_\_\_\_ the sum of \$ \_\_\_\_\_.  
A duplicate of this request is attached.

8-17-05  
Date

Reg. No.: 38,194

Tel. No.: (919) 286-8000

  
\_\_\_\_\_  
SIGNATURE OF ATTORNEY

Michael G. Johnston  
Type or print name of attorney

430 Davis Dr., Suite 500

Research Triangle Park, North Carolina 27709